



# Office of Health Facilities

## Application for Nursing Staffing Agency

### Reference Guide for New Applicants

Let's begin!

# Log In to the platform

1 Enter your username and password.

2 Click the Log In button.

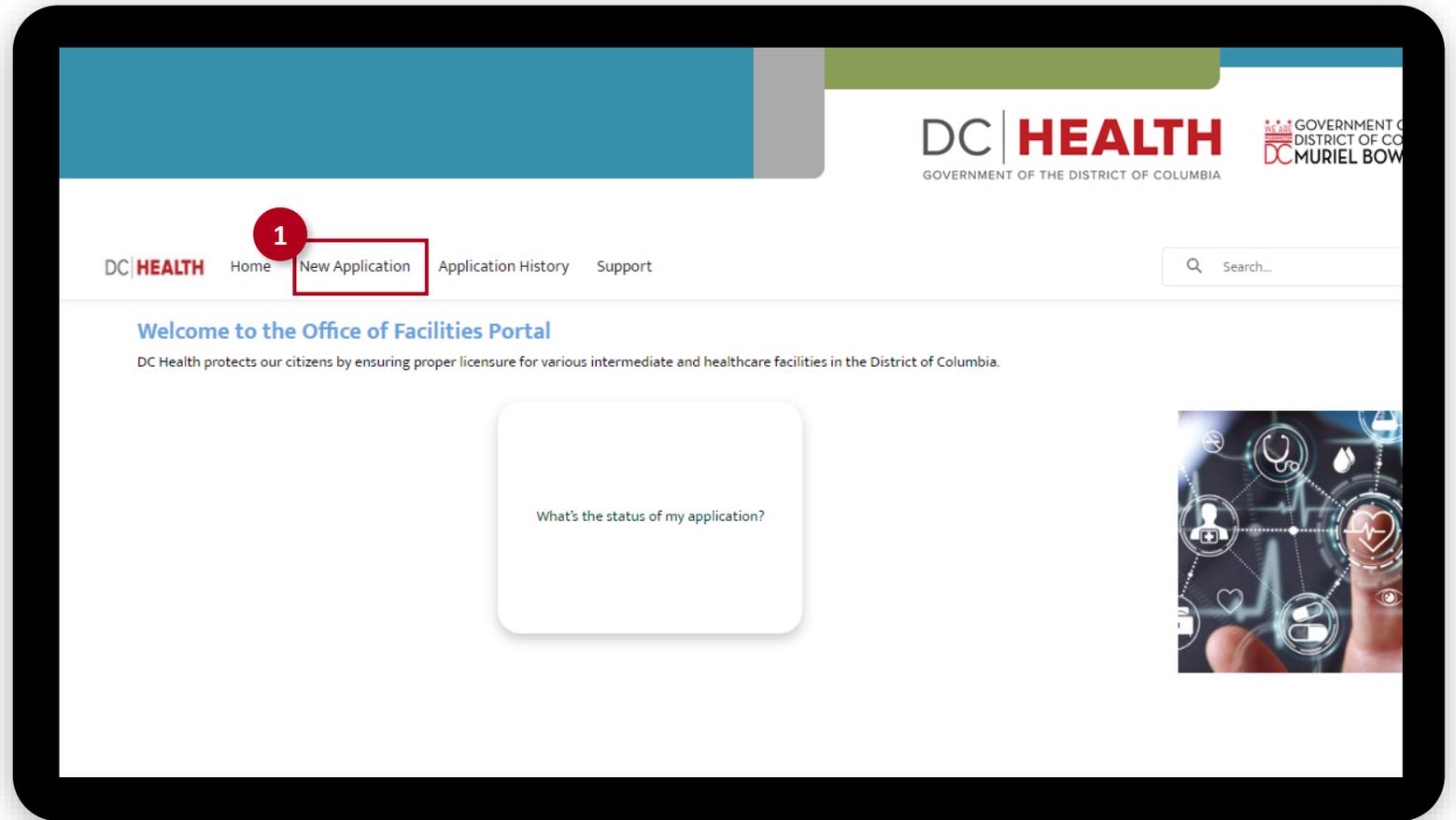


**TIP:** If you don't have an account click the **Create New Account** link.

The screenshot shows the DC Health login interface. At the top right, the DC Health logo and the Government of the District of Columbia logo with Mayor Muriel Bowser's name are visible. The main content area features the DC Health logo, a login form, and a 'Log in' button. A red box highlights the login form and button, with a '1' in a red circle pointing to the username field (containing 'TestUser17') and a '2' in a red circle pointing to the 'Log in' button. Below the form are links for 'Forgot your password?' and 'Forgot username?'. To the right of the form, there is a 'Welcome to the Office of Health Facilities Portal' section with a brief description of the HRLA, a 'Login or Create an Account to:' section with a bulleted list of actions, and an 'About DC Health' section with a paragraph of text.

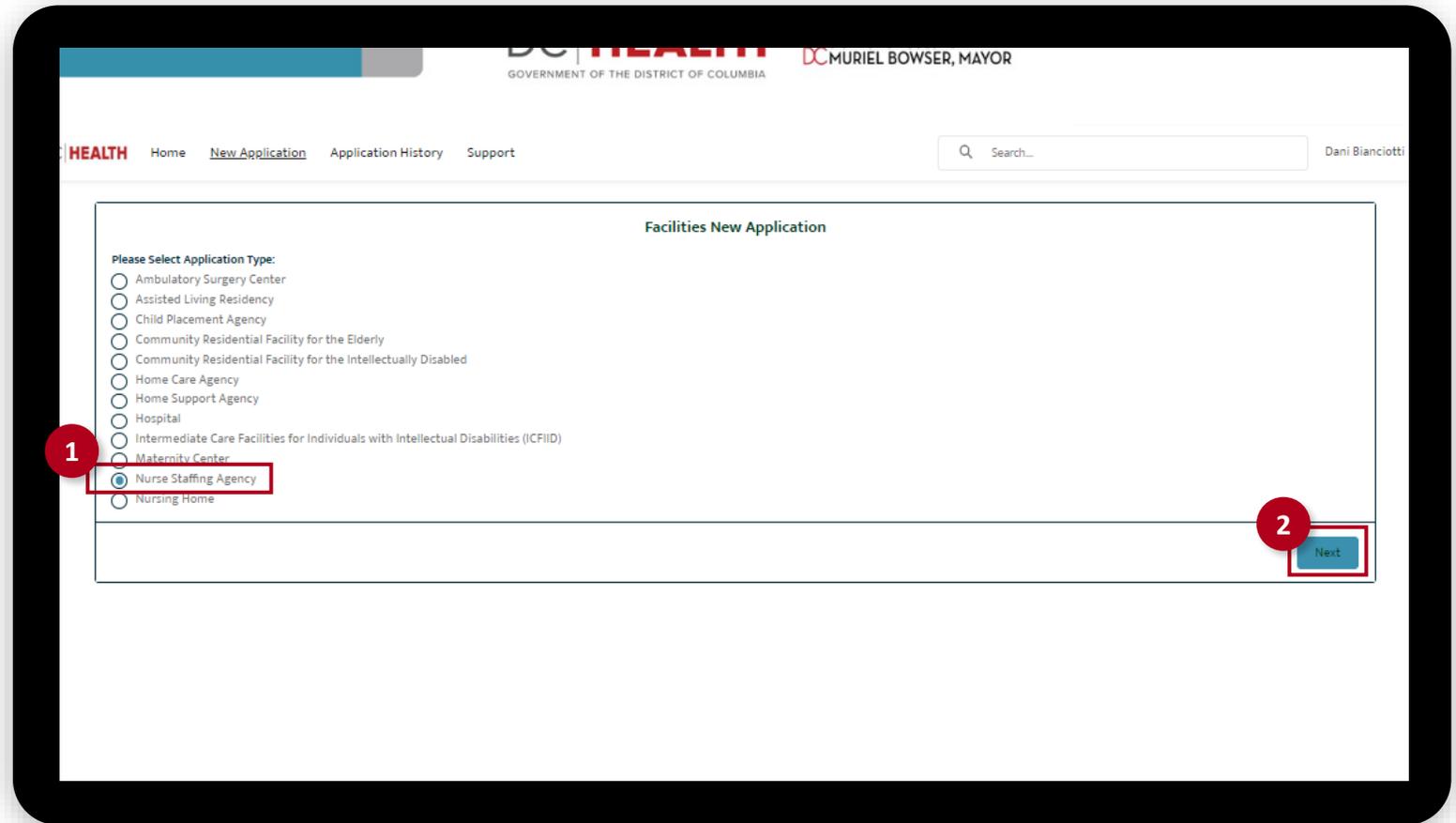
# Navigate to the New Application screen

- 1 Once you Log in to the Office of Facilities Portal, click the **New Application** tab.



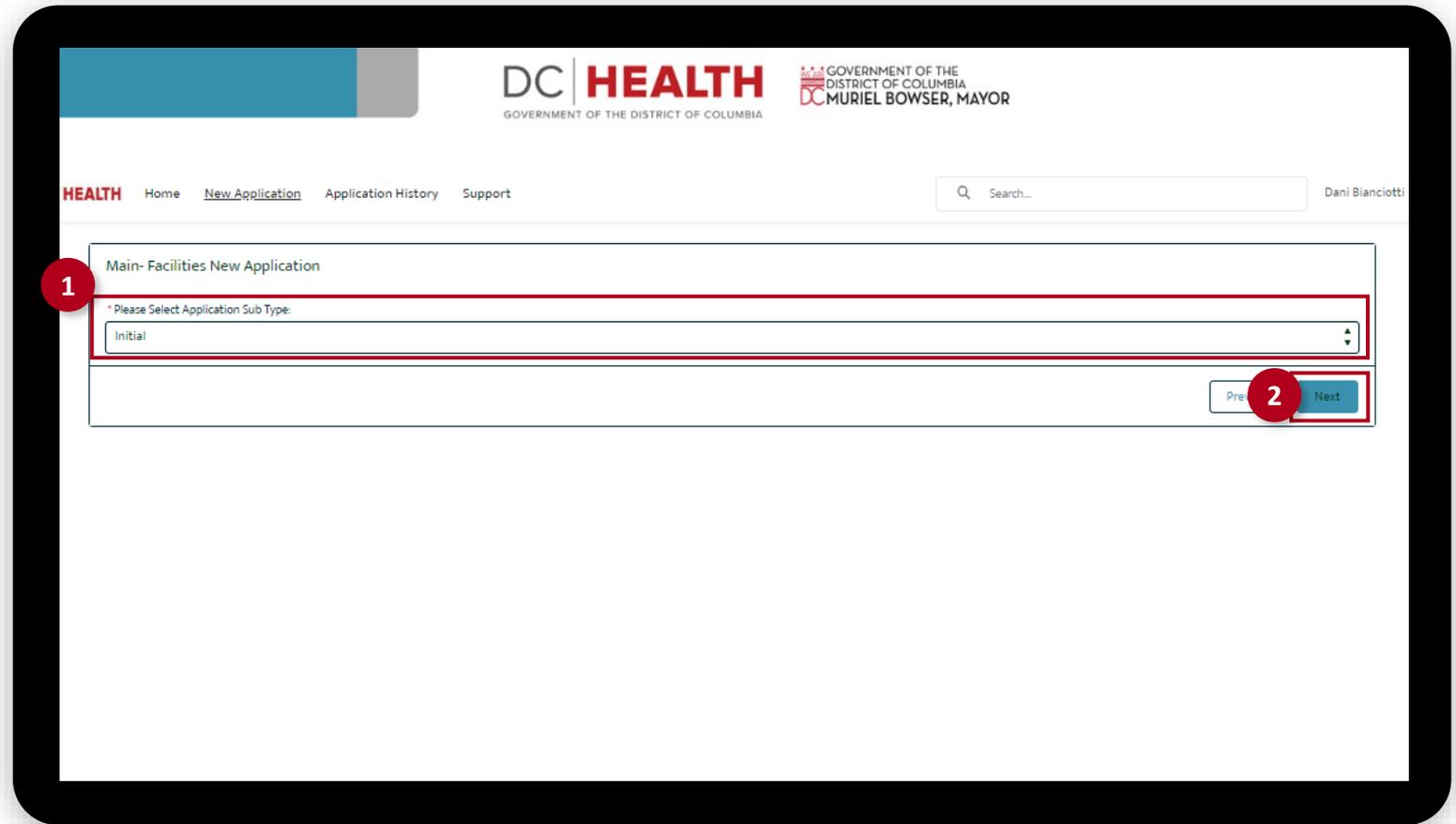
# Select the Facilities New Application

- 1 Select the Nursing Staffing Agency option from the list.
- 2 Click the Next button.



# Select the Application Type

- 1 Select the **Initial** option from the drop-down list.
- 2 Click the **Next** button.



# Fill out the Agency Information

- 1 Fill out all the required fields in the Agency, Owner/Operator, Contact Person, Supervising Registered Nurse, Registered Agent and Operational Office sections.
- 2 Click the Save and Next button.

The screenshot shows a web form with a red border. A red circle with the number '1' is positioned at the top left of the form area. A red circle with the number '2' is positioned at the bottom right of the form area, pointing to a 'Save & Next' button. The form contains the following fields:

Senior Web Associate		177
Street Address		* City
741 Sierra Vista		Bergnaumbury
* State	* Zip Code	
WY	54855	
* Telephone Number	* Email Address	
102-921-1074	582-623-3881	
Registered Agent:		
* First Name	Middle Name	* Last Name
Santos	Morris Corkery	Johnson
* Location Address	* City	
363 McKenzie Island	Fort Lina	
* State	* Zip Code	
SD	91044	
* Telephone Number	* Email Address	
595-009-5082	023-498-1851	
Operational Office:		
Telephone Number	Email Address	
056-470-1637	115-383-5214	
Street Address	City	
8965 Breitenberg Glen	Danielshire	
State	Zip Code	
ND	36304	

The fields marked with \* are mandatory and must be filled out to continue.

# Fill out the Services Provided Information

- 1 Fill out all the required fields.
- 2 Click the Save and Next button.

The screenshot shows a web form titled "Description of Services Provided" on the DC Health portal. The form is divided into two columns of input fields. A red circle with the number "1" highlights the entire form area. A second red circle with the number "2" highlights the "Save & Next" button at the bottom right of the form. The form includes the following fields:

Description of Services Provided	
* Total Number of Staff Employed At Time Of Application	* RN
50	5
* LPN	* Certified Nurse Aide
2	7
* Home Health Aide	* Medication Aide-Certified
5	6
Number of Employees Deployed to:	
* Hospitals	* Assisted Living Residences
2	3
* Nursing Homes	* Private Homes
5	8
* Current Patient Census	Other
2	5
* Total Number of Contracts Annually:	* Name of Current Contracted Facilities/Entities:
20	Davion Little

At the bottom right of the form, there is a "Save & Next" button.

The fields marked with \* are mandatory and must be filled out to continue.

# Complete de Compliance Questions

- 1 Fill out all the required fields.
- 2 Click the Save and Next button.

DC HEALTH Home [New Application](#) Application History Support

At modi voluptas provident et. Dani Bianciotti

### Compliance Questions

\* Has another entity suspended, revoked or placed conditions on your license, certification or accreditation as a NSA?

No

If yes, please explain:

\* Are you currently being, or have you been (since your last renewal), investigated by any authority for any violation of state, federal, or local law?

No

If yes, please explain:

Pre Save & Next

The fields marked with \* are mandatory and must be filled out to continue.

# Fill out Insurance Coverage information

- 1 Select **Yes/No** in the required fields. Upload documentation by clicking the **Upload Files** button.
- 2 Click the **Next** button.

The screenshot shows the 'Insurance Coverage' section of a web form. At the top, there is a navigation bar with 'DC HEALTH' and 'GOVERNMENT OF THE DISTRICT OF COLUMBIA' logos. Below the navigation, there is a search bar and a user profile 'Dani Bian'. The main form area is titled 'Insurance Coverage' and contains a dropdown menu for 'Does the facility have Liability insurance?' with 'Yes' selected. Below this is a section for uploading documentation with 'Upload Files' and 'Or drop files' buttons. A 'Next' button is at the bottom right. Red boxes and numbers 1 and 2 highlight the dropdown and the Next button respectively.

The fields marked with \* are mandatory and must be filled out to continue.

# Payment



- 1 Check if Initial Licensee Fee is correct.
- 2 Click the Save & Next button.

DC HEALTH GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

HEALTH Home [New Application](#) Application History Support

At modi voluptas provident et. Dani Bianco

In order your application to be processed, you must submit payment. Upon transaction approval, please click next to Certify & Submit.

1 Initial License Fee: \$1,000.00
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Prev 2 Save & Next

*The fields marked with \* are mandatory and must be filled out to continue.*

# Payment Wizard



1 Fill out the **Billing Address** and **Payment Info** fields.

2 Click the **Pay** button.

DC HEALTH Home [New Application](#) Application History Support

Odio quas ratione harum et eveniet. Dani Bianciotti

### Payment Wizard

Please complete the payment for your application using the form below. Click "Pay" when you are done inputting your payment details. If you are unable to pay at this time, you may exit this saved draft and return to it in the "Application History" tab of the portal header later.

After your payment has processed, click "Next" below to certify and submit the application. Your application will not be reviewed until these steps have been completed.

**1**

Billing Address	Payment Info
22545 Koby Canyon	Kaya Carter
76717 Lindgren Valleys	3714 496353 98431
Krismouth	10 / 25
North Dakota	.... ?
88915	

**2** Pay \$1,000.00

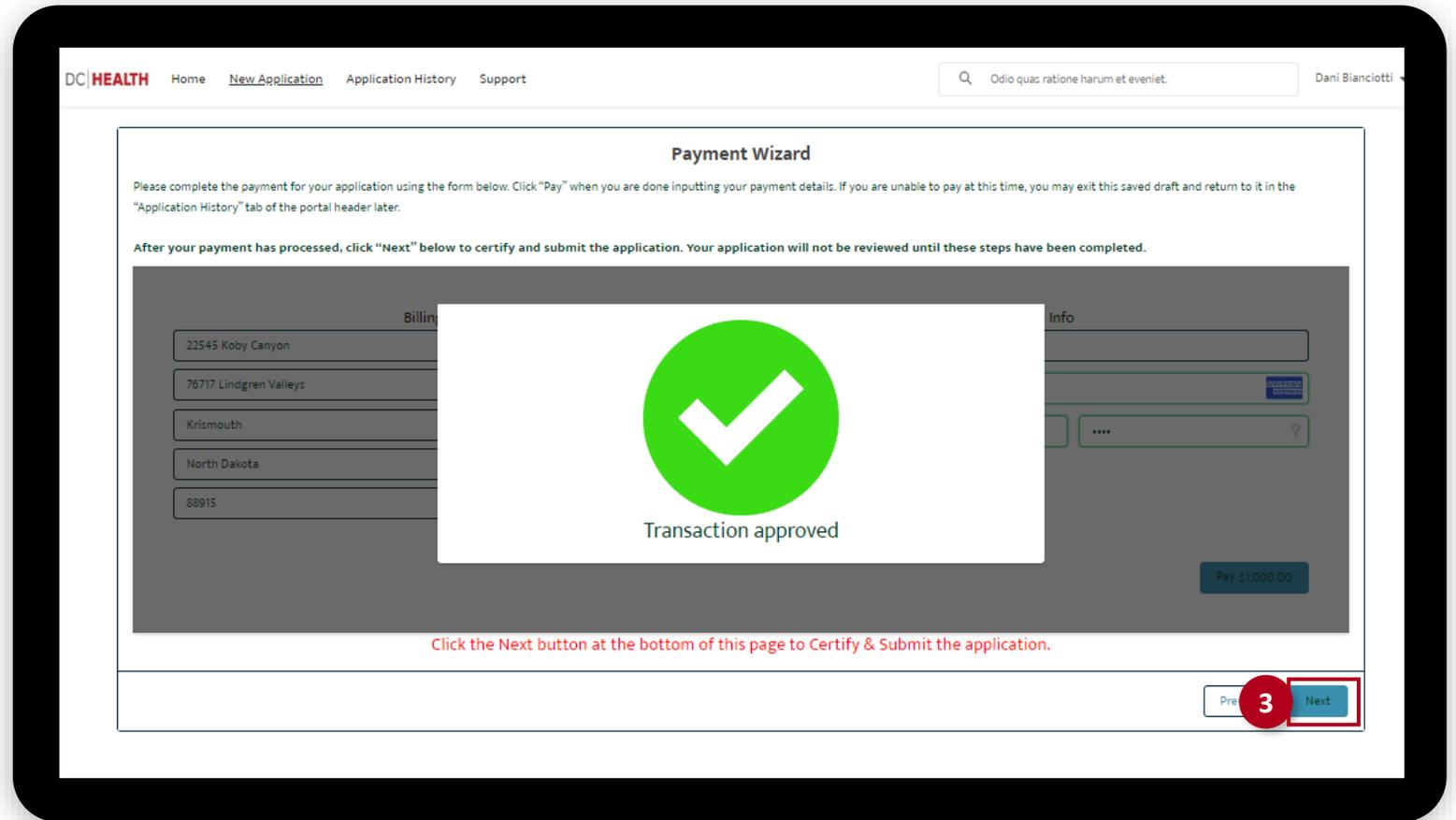
Click the Next button at the bottom of this page to Certify & Submit the application.

Previous Next

# Payment Wizard



- 3 Once the Transaction is approved, click the **Next** button.



# Certify and Submit

- 1 Fill out the Name field.
- 2 Click the Submit button.

DC HEALTH | Home | [New Application](#) | Application History | Support

Tempore nisi mollitia velit. Dani Bian

### Certify and Submit

By clicking the submit button below, you are acknowledging that you are providing information for an official record and that the information you are supplying is true. By submitting this information, you understand that knowingly and willfully making a false statement on an official record may result in action against your license, registration, or certification and criminal penalties\*. This information will be held confidential by the Department of Health.

\*(a) A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true; provided, that the writing indicates that the making of a false statement is punishable by criminal penalties or if that person makes an affirmation by signing an entity filing or other document under Title 29 of the District of Columbia Official Code, knowing that the facts stated in the filing are not true in any material respect or if that person makes an affirmation by signing a declaration under § 1-10613, knowing that the facts stated in the filing are not true in any material respect;  
(b) Any person convicted of making false statements shall be fined not more than the amount set forth in § 22-3571.01 or imprisoned for not more than 180 days, or both. A violation of this section shall be prosecuted by the Attorney General for the District of Columbia or one of the Attorney General's assistants.

By electronically entering my name on this form, I attest that all statements are true and accurate.

\* First Name  
Terrell Nader

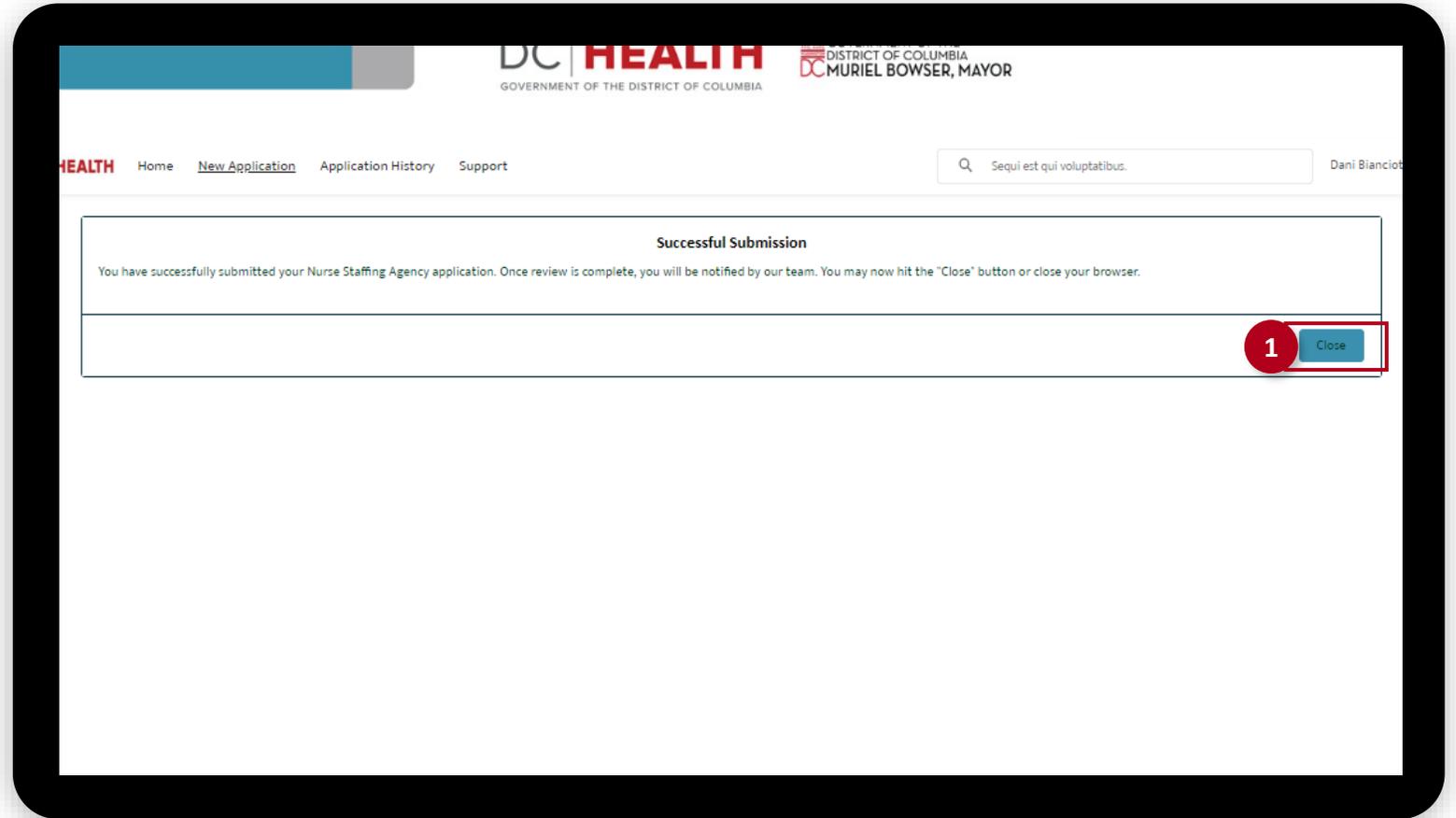
Date  
January 24, 2023

Submit

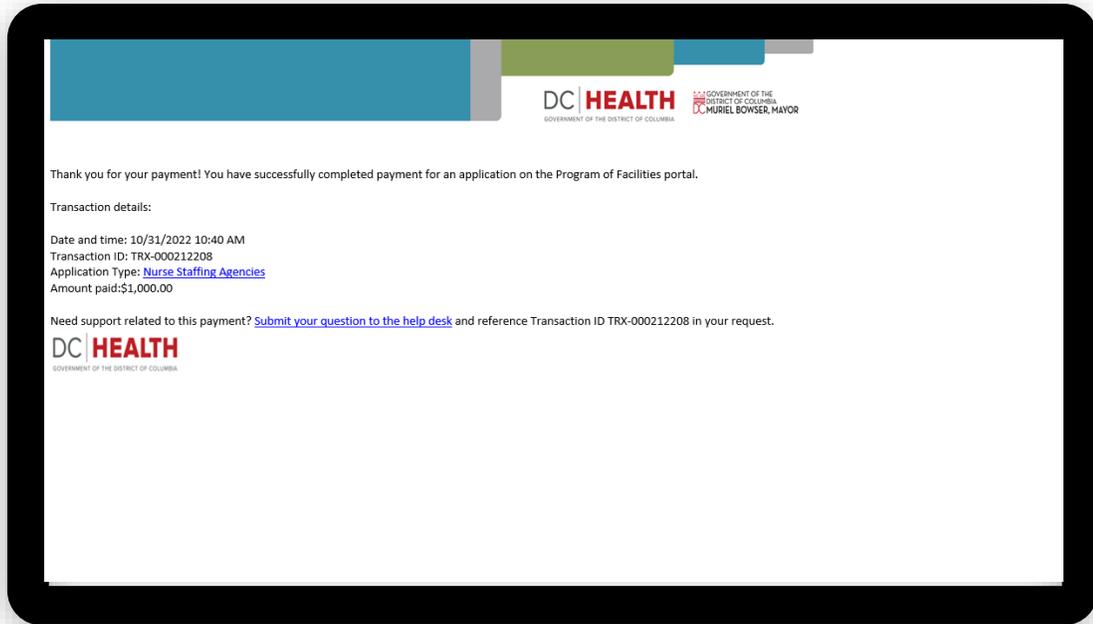
The fields marked with \* are mandatory and must be filled out to continue.

# Close the Application

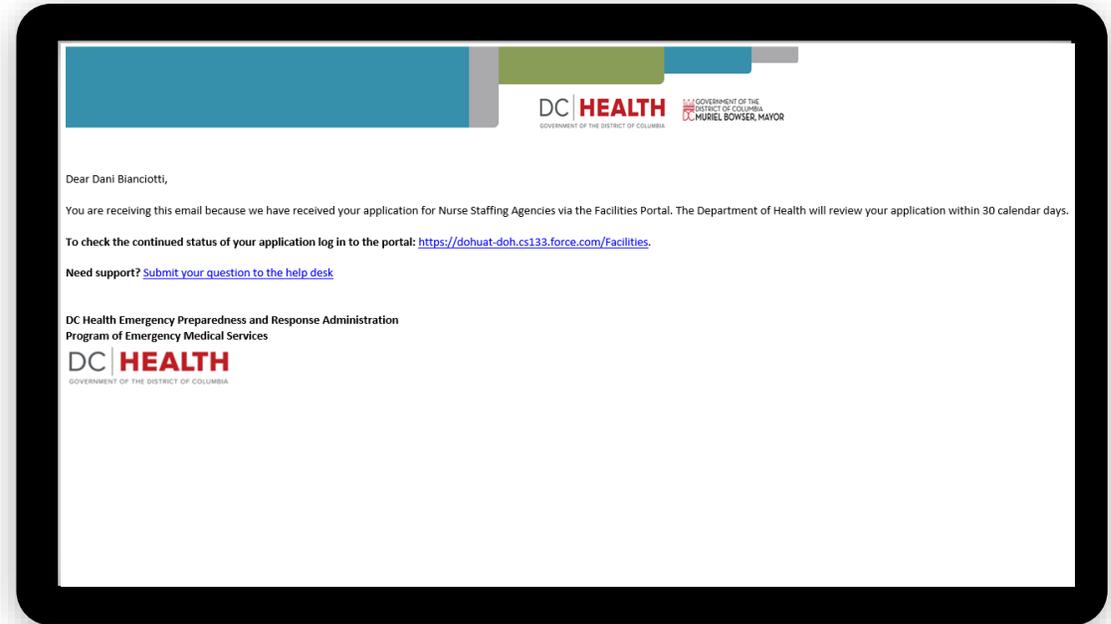
- 1 You have finished submitting your application. Click the **Close** button.



# E-mail Confirmation



**1** Check if you have received confirmation of payment.



**2** Check if you have received confirmation for your application.

# Thank you!